Section 6: Goals and Objectives for 2003-2004

This section describes the goals and objectives to be implemented in 2003 and 2004 in four areas: Data Collection and Analysis, Counseling and Testing Services, Partner Counseling and Referral Services, HIV Prevention Interventions for target populations and the community at large, and Community Planning. They were developed by the HIV Prevention Community Planning Group (HPCPG) in collaboration with the Department of Health's HIV/AIDS Administration (HAA). Goals and objectives for Coordination and Linkages, Capacity Building and Evaluation are included in the sections of the plan that deal with those topics: Section 5: Coordination and Linkages; Section 7: Capacity Building Technical Assistance; and Section 8: Evaluation.

The overall goal of HIV prevention is to eliminate new HIV infections by delivering effective HIV prevention interventions to help individuals reduce the behaviors that lead to HIV transmission or acquisition.

Data Collection and Analysis

The purpose of Data Collection and Analysis is to assess and describe the extent, distribution, and impact of HIV/AIDS in the District of Columbia, as well as relevant risk behaviors. This is the starting point for defining future HIV prevention needs in defined, targeted populations within the Department of Health's jurisdiction.

Goal: Enhance our understanding of the HIV epidemic in the District of Columbia through data collection and analysis.

Objective 1: HAA will continue to improve the collection, analysis, and presentation of behavioral and epidemiologic data so that breakdowns of the data by race, age and gender (including transgendered) are possible, by January 2003,

Objective 2: HAA will continue to conduct needs assessment of population groups deemed to be at risk for HIV infection, by conducting behavioral studies of at least two populations selected from among those populations that have not been studied before, by March 2004.

Objective 3: The HPCPG and HAA will identify current gaps in knowledge and any barriers to data collection by March 31, 2003, and implement a plan to overcome those barriers and collect the needed data by June 30, 2003.

Objective 4: HAA will standardize the implementation of focus groups by sub-grantees, as well as the reports on the findings of the focus groups, by March 31, 2003.

Objective 5: HAA will standardize behavioral survey questions to facilitate comparisons in behavior among different population groups, by March 31, 2003,

Objective 6: HAA will standardize sub-grantee reports on outcome monitoring of their group-level and individual-level interventions, and prevention case management, by March 31, 2003.

Objective 7: HAA will work with other stakeholders to link and integrate data collection by the Department of Health into the community-planning process, increase the efficiency with which

research and data are used by the HPCPG for HIV prevention planning, and coordinate efforts by the Department of Health and the community to organize and disseminate data collected through surveys, focus groups and other studies. The work will begin by January 2003.

Objective 8: HAA will centralize all reports and other data on behavior and make them easily accessible to the organizations and individuals that provide HIV prevention services in the District by September 2003.

Objective 9: HAA will update the Epidemiologic Profile of the District of Columbia, using data from the new integrated HIV/AIDS reporting system to provide an accurate description of the impact of HIV in the District of Columbia, by March 31, 2004,

Objective 10: HAA and the HPCPG will update the Needs Assessment section of the HIV Prevention Plan (including the Resource Inventory and Gap Analysis), to accurately reflect the met and unmet HIV prevention needs of District residents by April 30, 2004.

Objective 11: The HPCPG will use the updated Needs Assessment and Epidemiologic Profile to prioritize target populations June 30, 2004 and interventions by July 31, 2004.

Counseling and Testing and Partner Counseling and Referral Services

The major functions of HIV counseling and testing services and partner counseling and referral services are to provide individuals an opportunity to learn their HIV status; participate in counseling to help initiate and maintain behavior change to avoid infection or, if already infected, to prevent transmission to others; obtain referral to additional prevention, medical care, and other needed services; and provide prevention services and referral for sex and needle-sharing partners of infected persons.

Goal: Increase the proportion of individuals who are HIV positive that know their status.

Objective 1: HAA and its sub-grantees will continue to provide HIV counseling and testing services (CTS) and Partner Counseling and Referral Services (PCRS) consistent with the Standards and Guidelines of the Centers for Disease Control and Prevention and the D.C. Department of Health, by January 2003.

Objective 2: HAA and its sub-grantees will increase the number of individuals who know their HIV status by providing counseling and testing to at least 19,000 individuals in 2003 and 20,000 individuals in 2004, and providing post-test counseling to at least 85% of those tested.

Objective 3: HAA and its sub-grantees will continue to provide or facilitate counseling and referral services to the sexual and needle sharing partners of at least 85% of the individuals who test HIV-positive and return for their test results, and continue to provide training on partner elicitation and notification to the staff of HAA and HAA-funded testing sites, by January 2003.

Objective 4: HAA will ensure that all counselors identify the pregnancy status of all infected women and the female partners of infected men; continue to encourage women partners to be voluntarily tested for HIV before or during pregnancy; and continue to encourage infected women to voluntarily participate in a drug regimen to prevent perinatal transmission by January 2003.

Objective 5: HAA will continue to offer partner elicitation and notification services to all agencies providing CTS in the District of Columbia, by January 2003.

Objective 6: HAA and its sub-grantees will continue to contact clients, especially those infected with HIV or at high risk of becoming infected, who have not returned to receive their HIV test results and posttest counseling, by January 2003.

Objective 7: HAA will continue to develop and implement mechanisms for data collection and analysis by January 2003.

Objective 8: HAA will conduct a study on the feasibility of providing rapid testing that will allow easier access to CTS for high-risk individuals that have never been tested, so they can learn their status and, based on the results of the study, develop and implement a plan to provide rapid testing by June 30, 2003.

Objective 9: HAA and its sub-grantees will continue to assess the proportion of tested clients who return to receive their HIV test results and post-test counseling in both confidential and anonymous testing programs, by January 2003.

Objective 10: HAA and its sub-grantees will develop and implement a plan to identify and document factors that may be leading to reduced return rates and take steps to improve these rates, by June 30, 2003.

Objective 11: HAA will enhance HIV counseling, testing and referral services, beginning in January 2003, by:

- Increasing coordination among all providers, including HAA, HAA sub-grantees, organizations directly funded by the CDC to provide CTS, and private providers, including physicians;
- Targeting counseling and testing to high-risk populations;
- Improving access to counseling and testing by providing services at the locations and during the times when HIV-positive individuals are most likely to be found;
- Reducing the time needed for the D.C. Laboratory to return the results of HIV tests to providers;
- Reviewing and revising, if necessary, the mechanisms for assessing the proportion of HIV-positive individuals who complete their referrals to care, treatment and prevention services, by June 30, 2003;
- Developing and implementing standards for referrals and referral tracking by June 30, 2003;
- Developing and maintaining a centralized guide to care, support and prevention services for use by all providers in making referrals by June 30, 2003;
- Actively promoting linkages between HIV counseling and testing and other services for HIV-negative and HIV-positive persons;
- Developing and implementing a plan to train all counselors to improve their knowledge of and linkages with other services by September 30, 2003;
- Identifying and promoting innovative HIV counseling, testing, and referral practices to encourage expanded testing among communities where testing is currently underutilized; and
- Continuing to provide technical and material assistance to organizations located in communities that are disproportionately impacted by HIV so they can provide HIV counseling, testing and referral services in their own facilities, by January 2003.

Objective 12: HAA will continue to enhance the capacity of providers to provide effective HIV counseling, testing and referrals by January 2003 by:

- Continuing to provide training on counseling and testing, including training on conducting risk assessments of clients and helping them develop risk reduction plans, by January 2003;
- Continuing to provide opportunities for staff of HAA and HAA sub-grantees to attend national, CDC-sponsored train-the-trainer activities on HIV counseling and testing and on partner counseling and referrals, by January 2003;
- Providing training on improving the return rate for those who have been tested, by September 30, 2003;
- Providing training on substance abuse, including training on stages of abuse and harm reduction models of care treatment; on mental health, including training on the relationship of mental health to HIV risks; and on sexuality and gender, including training on the intersection between gender roles, gender identity, sexuality, and HIV risks.
- Providing training on the provision of counseling and testing and partner counseling and referral services that are culturally competent, sensitive to issues of sexual identity, developmentally appropriate, and linguistically specific.

Objective 13: HAA will ensure that partner counseling and referral services occur at every appropriate level by January 2003 by:

- Providing training on PCRS to all providers, including HAA staff and the staff of sub-grantees and of organizations directly funded by CDC;
- Building the capacity of the system to provide PCRS by developing the capacity of all providers, through technical assistance and training, to deliver PCRS.
- Developing and implementing a mechanism to determine that partners have been counseled and referred to appropriate services and appropriate follow up of partners has been completed by June 30, 2003.

HIV Prevention and Risk Reduction Programs

The HIV/AIDS Administration implements an array of health education and risk reduction activities, and provide resources to minority and other community-based organizations (CBOs) to implement HIV prevention programs, in accordance with the priority target populations and interventions identified in the District's HIV Prevention Plan.

Goal: Provide effective HIV prevention programs for all at-risk populations.

Objective 1: HAA will continue to provide effective HIV prevention programs for prioritized populations and the general population, through subcontracts with community-based organizations (CBOs), by January 2003.

Objective 2: HAA will fund CBOs to implement effective HIV prevention programs that reduce risk behavior and support no or low-risk behavior, for at least the top 10 prioritized populations identified through the community planning process, by January 2003.

Objective 3: HAA will ensure that the interventions funded by the sub-grantees are the interventions prioritized through the Community Planning process, and that they are culturally competent, developmentally appropriate, linguistically specific and sensitive to sexual identity, by January 2003.

Objective 4: HAA will continue to fund the services needed to reduce perinatal HIV transmission through the Perinatal HIV Prevention Program, including education about the importance of HIV testing; access to voluntary HIV-testing and counseling services, and HIV prevention interventions, by January 2003.

Objective 5: HAA will continue to raise awareness and increase knowledge of HIV through public information and social marketing initiatives, by January 2003.

Objective 6: HAA will continue the development, acquisition and distribution of culturally and linguistically appropriate HIV prevention educational materials for the general community and for target populations during community and venue-based outreach interventions, by January 2003.

Objective 7: HAA will continue and expand social marketing campaigns and other public information programs, including HIV/AIDS information hotlines, for the general community and for target populations, to build general support for safe behavior, to dispel myths about HIV/AIDS, to address barriers to effective risk reduction programs, and to support efforts for personal risk reduction, by January 2003.

Objective 8: HAA will continue to review, identify, purchase and distribute culturally relevant prevention materials for at risk communities at community health fairs and other community events, by January 2003.

Objective 9: HAA – in consultation with the HPCPG and sub-grantees – will develop comprehensive quality assurance procedures and staff performance standards for the implementation of interventions, and make them available to all HIV prevention program staff, by June 30, 2003.

Objective 10: HAA – in consultation with the HPCPG and sub-grantees – will develop and implement a mechanism to ensure that HIV prevention activities are culturally competent, developmentally appropriate, linguistically specific, and sensitive to sexual identity, by September 30, 2003.

HIV-Prevention Community Planning

The overall goal of HIV prevention community planning is to have in place a comprehensive HIV prevention plan that is current, evidence based, adaptable as new information becomes available, tailored to the specific needs and resources of each jurisdiction, and widely distributed in an effort to provide a roadmap for prevention that can be used by all prevention providers in the jurisdiction.

Goal 1: Foster the openness and participatory nature of the community planning

Objective 1: HAA will continue to provide Logistical Support to facilitate the participation of the HPCPG members in the community planning process, by January 2003.

Objective 2: The HPCPG and HAA will continue to issue invitations to community-based organizations, universities, faith organizations, professional associations, businesses, and AIDS, social services and health services providers to participate in the planning process, to ensure input from outside HPCPG membership, by January 2003.

Objective 3: The HPCPG and HAA will continue to publicize the dates, times and locations of the HPCPG meetings using flyers and advertisements in city-wide and neighborhood publications, including Hispanic/Latino, African-American and Asian newspapers, to ensure participation and input from outside HPCPG membership, by January 2003.

Objective 4: The Ryan White Planning Council will continue to be represented on the HIV Prevention Community Planning Group by ad-hoc members, and representatives of the HPCPG will continue to

attend meetings of the Ryan White Planning Council, to continue collaborative efforts between HIV prevention and care in the areas of service provision and community planning, by January 2003.

Objective 5: The HPCPG will hold at least one forum or community consultation to receive community input on the HIV prevention needs and priorities of the community, and on the planning process, by June 30, 2003 – and every six months thereafter.

Objective 6: The HPCPG will obtain training and technical assistance for HPCPG members as needs are identified throughout the 2003 and 2004.

Goal 2. Ensure that the HPCPG reflects the diversity of the epidemic in our jurisdiction, and that expertise in epidemiology, behavioral science, health planning, and evaluation are included in the process.

Objective 1: The HPCPG's Membership and Bylaws Committee will continue its periodic analysis of the composition of the HPCPG and identify any gaps in representation, to ensure that the HPCPG reflects the diversity of the AIDS epidemic in the District, by January 2003.

Objective 2: The HPCPG will recruit new members to fill gaps in representation identified through Objective 1 by February 15, 2003 – and every six months thereafter.

Objective 3: The HPCPG will select candidates for membership to the HPCPG and submit the recommendations to the Mayor, who appoints all HPCPG members, by May 15, 2003 – and every six months thereafter.

Objective 4: The HPCPG and HAA will provide an orientation for new members on the HIV/AIDS epidemic in the District and on the roles and responsibilities of the HPCPG and the administrative agency (HAA) in the community planning process, and incorporate the new members into the community planning process, by June 15, 2003 – and every six months thereafter.

Goal 3. Ensure that priority HIV-prevention needs are determined based on an epidemiologic profile and a needs assessment.

Objective 1: HAA will update the Epidemiologic Profile of the District of Columbia, using data from the new integrated HIV/AIDS reporting system, to provide an accurate description of the impact of HIV in the District of Columbia, by March 31, 2004.

Objective 2: HAA and the HPCPG will update the Needs Assessment section of the HIV Prevention Plan (including the Resource Inventory and Gap Analysis), to accurately reflect the met and unmet HIV prevention needs of District residents, and use the information to identify high-risk groups and target prevention programs, by April 30, 2004.

Objective 3: The HPCPG will use the updated Needs Assessment and Epidemiologic Profile to prioritize target populations by June 30, 2004.

Goal 4. Ensure that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost effectiveness, social and behavioral science theory, and community norms and values.

Objective: The HPCPG will use the updated Needs Assessment, Epidemiologic Profile and Prioritization of Populations, and the information in the Prevention Plan on Potential Strategies and Interventions to prioritize interventions for the prioritized target populations by July 31, 2004.

Goal 5. Foster strong, logical linkages between the community planning process, the comprehensive HIV prevention plan, the application for funding, and allocation of HIV prevention resources.

Objective: HAA will continue to implement and fund prevention programs and interventions following the priorities established by the HPCPG in the 2003-2004 HIV Prevention Plan, by January 1, 2003,